

No. 2
1-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26214

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1401

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jenning's
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7217 Eunice Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Jenning's 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 7217 Eunice Ave 0
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME James William Lane
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2nd
 year 1941 hour 1 minute 40 pm M.

4. Sex Male () 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie Roberts Lane
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Sept 5 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 2 1941 to July 19 1941
 that I last saw him in alive on July 1 1941
 and that death occurred on the date and hour stated above
 Immediate cause of death Cerebral Hemorrhage Duration

8. AGE: Years Months Days If less than one day
69 9 27 hr. min.

Due to Arterio Sclerosis
 Due to of it

9. Birthplace Terre Haute / Indiana
(City, town, or county) (State or foreign country)

Other conditions Arterial Stenosis
Arterial Hypertension
(Include pregnancy within 3 months of death)

10. Usual occupation Retired
 11. Industry or business Fischer Body Co.

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Larkin Lane
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Woodall
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Lane
 (b) Address 7217 Eunice Ave

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence No
 (c) Where did injury occur? No (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem Moberly Mo.
 18. (a) Signature of funeral director Stroot - Carroll
 (b) Address 4600 Natural Bridge Ave

While at work? No (Specify type of place)
 (c) Means of injury

19. (a) JUL 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address 3919 W. Florsheim Date signed 7/3/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Sheldon Callier

Licensed Embalmer No. 3382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.